

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 12, 2002.

I. DISPUTE

Whether there should be reimbursement for CPT code 99215 for date of service 11/6/01.

II. RATIONALE

- CPT code 99215 – Denied as “F – T, N Documentation does not support the service billed...” The Spine Treatment Guideline 134.1001(c)(1)(E) the treating doctor shall be responsible for maintaining efficient utilization of health care. The Spine Treatment Guideline allows for office visits at all levels of care. Per the Medical Fee Guideline, E/M Ground Rule (IV)(C)(2) the office notes submitted support the level of service billed. Reimbursement in the amount of \$103.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99215 in the amount of \$103.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$103.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of October 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf